

Overview of Available Plans

Medicare Supplement Plans A, B, C, F, G, K, L, N and Medicare Select Plans G and N are currently being offered by UnitedHealthcare Insurance Company.

◆ Medicare Select Plans G and N contain the same benefits as standardized Medicare Supplement Plans G and N, except for restrictions on your use of hospitals.

Benefit Chart of Medicare Supplement Plans Sold on or after January 1, 2020

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants' first eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

Note: A ✓ means 100% of this benefit is paid.

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G ¹ ◆	K	L	M	N◆	C	F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or Copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply ³	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2024 ²					\$7060 ²	\$3530 ²				

¹ Plans F and G also have a high deductible option which require first paying a plan deductible of \$2800 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

² Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

³ Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.

Cover Page - Rates
Female Non-Tobacco Monthly Plan Rates for Louisiana - Area 1
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$106.44	\$163.78	\$159.51	\$143.80	\$70.30	\$114.83	\$142.58	\$127.94	\$204.96	\$205.41
66	\$106.44	\$163.78	\$159.51	\$143.80	\$70.30	\$114.83	\$142.58	\$127.94	\$204.96	\$205.41
67	\$106.44	\$163.78	\$159.51	\$143.80	\$70.30	\$114.83	\$142.58	\$127.94	\$204.96	\$205.41
68	\$106.44	\$163.78	\$159.51	\$143.80	\$70.30	\$114.83	\$142.58	\$127.94	\$204.96	\$205.41
69	\$111.68	\$171.84	\$167.36	\$150.88	\$73.76	\$120.48	\$149.60	\$134.24	\$215.04	\$215.52
70	\$116.91	\$179.89	\$175.20	\$157.95	\$77.21	\$126.12	\$156.61	\$140.53	\$225.12	\$225.62
71	\$122.15	\$187.95	\$183.05	\$165.02	\$80.67	\$131.77	\$163.62	\$146.82	\$235.20	\$235.72
72	\$127.38	\$196.00	\$190.89	\$172.09	\$84.13	\$137.42	\$170.63	\$153.11	\$245.28	\$245.82
73	\$132.62	\$204.06	\$198.74	\$179.17	\$87.59	\$143.07	\$177.65	\$159.41	\$255.36	\$255.93
74	\$137.85	\$212.11	\$206.58	\$186.24	\$91.04	\$148.71	\$184.66	\$165.70	\$265.44	\$266.03
75	\$143.09	\$220.17	\$214.43	\$193.31	\$94.50	\$154.36	\$191.67	\$171.99	\$275.52	\$276.13
76	\$148.32	\$228.22	\$222.27	\$200.38	\$97.96	\$160.01	\$198.68	\$178.28	\$285.60	\$286.23
77	\$153.56	\$236.28	\$230.12	\$207.46	\$101.42	\$165.66	\$205.70	\$184.58	\$295.68	\$296.34
78	\$158.79	\$244.33	\$237.96	\$214.53	\$104.87	\$171.30	\$212.71	\$190.87	\$305.76	\$306.44
79	\$164.03	\$252.39	\$245.81	\$221.60	\$108.33	\$176.95	\$219.72	\$197.16	\$315.84	\$316.54
80	\$169.26	\$260.44	\$253.65	\$228.67	\$111.79	\$182.60	\$226.73	\$203.45	\$325.92	\$326.64
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
81+	\$174.50	\$268.50	\$261.50	\$235.75	\$115.25	\$188.25	\$233.75	\$209.75	\$336.00	\$336.75
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.										
65+	\$261.75	\$402.75	\$481.16	\$447.92	\$172.87	\$282.37	\$444.12	\$419.50	\$504.00	\$505.12

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates

Female Non-Tobacco Monthly Plan Rates for Louisiana - Area 1 AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
	Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
75+	\$191.95	\$295.35	\$287.65	\$259.32	\$126.77	\$207.07	\$257.12	\$230.72	\$369.60	\$370.42
	Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
75+	\$261.75	\$402.75	\$481.16	\$447.92	\$172.87	\$282.37	\$444.12	\$419.50	\$504.00	\$505.12

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates
Female Tobacco Monthly Plan Rates for Louisiana - Area 1
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$117.08	\$180.16	\$175.46	\$158.18	\$77.32	\$126.31	\$156.84	\$140.73	\$225.45	\$225.95
66	\$117.08	\$180.16	\$175.46	\$158.18	\$77.32	\$126.31	\$156.84	\$140.73	\$225.45	\$225.95
67	\$117.08	\$180.16	\$175.46	\$158.18	\$77.32	\$126.31	\$156.84	\$140.73	\$225.45	\$225.95
68	\$117.08	\$180.16	\$175.46	\$158.18	\$77.32	\$126.31	\$156.84	\$140.73	\$225.45	\$225.95
69	\$122.84	\$189.02	\$184.09	\$165.96	\$81.13	\$132.52	\$164.55	\$147.66	\$236.54	\$237.06
70	\$128.60	\$197.88	\$192.72	\$173.74	\$84.93	\$138.73	\$172.27	\$154.58	\$247.63	\$248.18
71	\$134.36	\$206.74	\$201.35	\$181.52	\$88.73	\$144.94	\$179.98	\$161.50	\$258.72	\$259.29
72	\$140.12	\$215.60	\$209.98	\$189.30	\$92.54	\$151.16	\$187.69	\$168.42	\$269.80	\$270.40
73	\$145.88	\$224.46	\$218.61	\$197.08	\$96.34	\$157.37	\$195.41	\$175.34	\$280.89	\$281.51
74	\$151.64	\$233.32	\$227.24	\$204.86	\$100.14	\$163.58	\$203.12	\$182.26	\$291.98	\$292.63
75	\$157.39	\$242.18	\$235.87	\$212.64	\$103.95	\$169.79	\$210.83	\$189.19	\$303.07	\$303.74
76	\$163.15	\$251.04	\$244.50	\$220.42	\$107.75	\$176.00	\$218.55	\$196.11	\$314.16	\$314.85
77	\$168.91	\$259.90	\$253.13	\$228.20	\$111.55	\$182.22	\$226.26	\$203.03	\$325.24	\$325.96
78	\$174.67	\$268.76	\$261.76	\$235.98	\$115.36	\$188.43	\$233.97	\$209.95	\$336.33	\$337.08
79	\$180.43	\$277.62	\$270.39	\$243.76	\$119.16	\$194.64	\$241.69	\$216.87	\$347.42	\$348.19
80	\$186.19	\$286.48	\$279.02	\$251.54	\$122.96	\$200.85	\$249.40	\$223.79	\$358.51	\$359.30
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
81+	\$191.95	\$295.35	\$287.65	\$259.32	\$126.77	\$207.07	\$257.12	\$230.72	\$369.60	\$370.42
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.										
65+	\$287.92	\$443.02	\$529.27	\$492.70	\$190.15	\$310.60	\$488.52	\$461.44	\$554.40	\$555.63

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates

Female Tobacco Monthly Plan Rates for Louisiana - Area 1

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
	Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
75+	\$211.14	\$324.88	\$316.41	\$285.25	\$139.44	\$227.77	\$282.83	\$253.79	\$406.56	\$407.46
	Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
75+	\$287.92	\$443.02	\$529.27	\$492.70	\$190.15	\$310.60	\$488.52	\$461.44	\$554.40	\$555.63

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates
Male Non-Tobacco Monthly Plan Rates for Louisiana - Area 1
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$120.17	\$184.83	\$179.95	\$162.10	\$79.14	\$129.47	\$160.88	\$144.41	\$231.19	\$231.64
66	\$120.17	\$184.83	\$179.95	\$162.10	\$79.14	\$129.47	\$160.88	\$144.41	\$231.19	\$231.64
67	\$120.17	\$184.83	\$179.95	\$162.10	\$79.14	\$129.47	\$160.88	\$144.41	\$231.19	\$231.64
68	\$120.17	\$184.83	\$179.95	\$162.10	\$79.14	\$129.47	\$160.88	\$144.41	\$231.19	\$231.64
69	\$126.08	\$193.92	\$188.80	\$170.08	\$83.04	\$135.84	\$168.80	\$151.52	\$242.56	\$243.04
70	\$131.99	\$203.01	\$197.65	\$178.05	\$86.93	\$142.20	\$176.71	\$158.62	\$253.93	\$254.43
71	\$137.90	\$212.10	\$206.50	\$186.02	\$90.82	\$148.57	\$184.62	\$165.72	\$265.30	\$265.82
72	\$143.81	\$221.19	\$215.35	\$193.99	\$94.71	\$154.94	\$192.53	\$172.82	\$276.67	\$277.21
73	\$149.72	\$230.28	\$224.20	\$201.97	\$98.61	\$161.31	\$200.45	\$179.93	\$288.04	\$288.61
74	\$155.63	\$239.37	\$233.05	\$209.94	\$102.50	\$167.67	\$208.36	\$187.03	\$299.41	\$300.00
75	\$161.54	\$248.46	\$241.90	\$217.91	\$106.39	\$174.04	\$216.27	\$194.13	\$310.78	\$311.39
76	\$167.45	\$257.55	\$250.75	\$225.88	\$110.28	\$180.41	\$224.18	\$201.23	\$322.15	\$322.78
77	\$173.36	\$266.64	\$259.60	\$233.86	\$114.18	\$186.78	\$232.10	\$208.34	\$333.52	\$334.18
78	\$179.27	\$275.73	\$268.45	\$241.83	\$118.07	\$193.14	\$240.01	\$215.44	\$344.89	\$345.57
79	\$185.18	\$284.82	\$277.30	\$249.80	\$121.96	\$199.51	\$247.92	\$222.54	\$356.26	\$356.96
80	\$191.09	\$293.91	\$286.15	\$257.77	\$125.85	\$205.88	\$255.83	\$229.64	\$367.63	\$368.35
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
81+	\$197.00	\$303.00	\$295.00	\$265.75	\$129.75	\$212.25	\$263.75	\$236.75	\$379.00	\$379.75
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.										
65+	\$295.50	\$454.50	\$542.80	\$504.92	\$194.62	\$318.37	\$501.12	\$473.50	\$568.50	\$569.62

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates

Male Non-Tobacco Monthly Plan Rates for Louisiana - Area 1 AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
	Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
75+	\$216.70	\$333.30	\$324.50	\$292.32	\$142.72	\$233.47	\$290.12	\$260.42	\$416.90	\$417.72
	Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
75+	\$295.50	\$454.50	\$542.80	\$504.92	\$194.62	\$318.37	\$501.12	\$473.50	\$568.50	\$569.62

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates
Male Tobacco Monthly Plan Rates for Louisiana - Area 1
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$132.18	\$203.31	\$197.94	\$178.31	\$87.05	\$142.41	\$176.97	\$158.85	\$254.30	\$254.80
66	\$132.18	\$203.31	\$197.94	\$178.31	\$87.05	\$142.41	\$176.97	\$158.85	\$254.30	\$254.80
67	\$132.18	\$203.31	\$197.94	\$178.31	\$87.05	\$142.41	\$176.97	\$158.85	\$254.30	\$254.80
68	\$132.18	\$203.31	\$197.94	\$178.31	\$87.05	\$142.41	\$176.97	\$158.85	\$254.30	\$254.80
69	\$138.68	\$213.31	\$207.68	\$187.08	\$91.34	\$149.42	\$185.67	\$166.66	\$266.81	\$267.34
70	\$145.18	\$223.31	\$217.41	\$195.85	\$95.62	\$156.42	\$194.38	\$174.48	\$279.32	\$279.87
71	\$151.69	\$233.31	\$227.15	\$204.62	\$99.90	\$163.42	\$203.08	\$182.29	\$291.83	\$292.40
72	\$158.19	\$243.30	\$236.88	\$213.39	\$104.18	\$170.43	\$211.78	\$190.10	\$304.33	\$304.93
73	\$164.69	\$253.30	\$246.62	\$222.16	\$108.46	\$177.43	\$220.49	\$197.91	\$316.84	\$317.46
74	\$171.19	\$263.30	\$256.35	\$230.93	\$112.74	\$184.44	\$229.19	\$205.73	\$329.35	\$329.99
75	\$177.69	\$273.30	\$266.09	\$239.70	\$117.03	\$191.44	\$237.89	\$213.54	\$341.85	\$342.53
76	\$184.19	\$283.30	\$275.82	\$248.47	\$121.31	\$198.44	\$246.60	\$221.35	\$354.36	\$355.06
77	\$190.69	\$293.30	\$285.56	\$257.24	\$125.59	\$205.45	\$255.30	\$229.16	\$366.87	\$367.59
78	\$197.19	\$303.30	\$295.29	\$266.01	\$129.87	\$212.45	\$264.00	\$236.98	\$379.37	\$380.12
79	\$203.69	\$313.30	\$305.03	\$274.78	\$134.15	\$219.46	\$272.71	\$244.79	\$391.88	\$392.65
80	\$210.19	\$323.30	\$314.76	\$283.55	\$138.43	\$226.46	\$281.41	\$252.60	\$404.39	\$405.18
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
81+	\$216.70	\$333.30	\$324.50	\$292.32	\$142.72	\$233.47	\$290.12	\$260.42	\$416.90	\$417.72
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.										
65+	\$325.05	\$499.95	\$597.08	\$555.40	\$214.08	\$350.20	\$551.22	\$520.84	\$625.35	\$626.58

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates

Male Tobacco Monthly Plan Rates for Louisiana - Area 1

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
	Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
75+	\$238.37	\$366.63	\$356.95	\$321.55	\$156.99	\$256.81	\$319.13	\$286.46	\$458.59	\$459.49
	Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
75+	\$325.05	\$499.95	\$597.08	\$555.40	\$214.08	\$350.20	\$551.22	\$520.84	\$625.35	\$626.58

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates

Under 65 Monthly Plan Rates for Louisiana - Area 1

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 3		Applies to individuals age 50-64 who are eligible for Medicare.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
	Female Non-Tobacco Rates									
50-64	\$343.75	\$526.25	\$617.25	\$542.25	\$234.00	\$380.25	\$472.25	\$482.50	\$658.50	\$660.00
	Female Tobacco Rates									
50-64	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Male Non-Tobacco Rates									
50-64	\$388.00	\$594.00	\$696.25	\$611.25	\$263.50	\$428.75	\$532.75	\$544.50	\$742.75	\$744.25
	Male Tobacco Rates									
50-64	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

1 Your age as of your plan effective date.

2 The **Enrollment Discount** is available to applicants age 65 to 80. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date. If you are eligible, the discounted rates will be shown.

Who is eligible

You are eligible for the enrollment discount if you are between the ages of 65 and 80 and your plan effective date is within ten years following your 65th birthday or Medicare Part B effective date, if later, and you do not have any medical conditions on the application that would qualify you for the Level 2 rate.

The Level 2 rates do not apply to individuals who meet Medigap Open Enrollment or Guaranteed Issue.

How it works

The Enrollment Discount is applied to the current Standard Rate. The Standard Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. After age 68, the discount percentage reduces 3% each year on the anniversary date of your plan until the discount runs out.

3 Refer to the application.

4 **IMPORTANT:** Plans C and F are only available to eligible Applicants (a) with a 65th birthday prior to 1/1/2020 or (b) with a Medicare Part A effective date prior to 1/1/2020.

5 You must use a network hospital with Select Plans G and N.

LOUISIANA Area 1 ZIP Codes

The ZIP Codes Below Apply to Rates Included on the Page Headed "Cover Page – Rates"

70001	70040	70062	70082	70116	70142	70163	70185	70429	70452	70471	70744
70002	70041	70063	70083	70117	70143	70164	70186	70431	70454	70706	70754
70003	70043	70064	70084	70118	70145	70165	70187	70433	70455	70707	70757
70004	70044	70065	70085	70119	70146	70166	70189	70434	70456	70711	70763
70005	70047	70067	70086	70121	70148	70167	70190	70435	70457	70718	70764
70006	70049	70068	70087	70122	70150	70170	70195	70436	70458	70721	70765
70009	70050	70069	70090	70123	70151	70172	70346	70437	70459	70723	70769
70010	70051	70070	70091	70124	70152	70174	70358	70438	70460	70725	70772
70011	70052	70071	70092	70125	70153	70175	70401	70442	70461	70726	70774
70030	70053	70072	70093	70126	70154	70176	70402	70444	70462	70727	70776
70031	70054	70073	70094	70127	70156	70177	70403	70445	70463	70728	70778
70032	70055	70075	70096	70128	70157	70178	70404	70446	70464	70733	70780
70033	70056	70076	70097	70129	70158	70179	70420	70447	70465	70734	70785
70036	70057	70078	70112	70130	70159	70181	70421	70448	70466	70737	70786
70037	70058	70079	70113	70131	70160	70182	70422	70449	70467	70738	70788
70038	70059	70080	70114	70139	70161	70183	70426	70450	70469	70740	70792
70039	70060	70081	70115	70141	70162	70184	70427	70451	70470	70743	

Cover Page - Rates
Female Non-Tobacco Monthly Plan Rates for Louisiana - Area 2
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$92.41	\$142.28	\$138.62	\$124.89	\$61.00	\$99.88	\$123.98	\$111.32	\$177.96	\$178.42
66	\$92.41	\$142.28	\$138.62	\$124.89	\$61.00	\$99.88	\$123.98	\$111.32	\$177.96	\$178.42
67	\$92.41	\$142.28	\$138.62	\$124.89	\$61.00	\$99.88	\$123.98	\$111.32	\$177.96	\$178.42
68	\$92.41	\$142.28	\$138.62	\$124.89	\$61.00	\$99.88	\$123.98	\$111.32	\$177.96	\$178.42
69	\$96.96	\$149.28	\$145.44	\$131.04	\$64.00	\$104.80	\$130.08	\$116.80	\$186.72	\$187.20
70	\$101.50	\$156.27	\$152.25	\$137.18	\$67.00	\$109.71	\$136.17	\$122.27	\$195.47	\$195.97
71	\$106.05	\$163.27	\$159.07	\$143.32	\$70.00	\$114.62	\$142.27	\$127.75	\$204.22	\$204.75
72	\$110.59	\$170.27	\$165.89	\$149.46	\$73.00	\$119.53	\$148.37	\$133.22	\$212.97	\$213.52
73	\$115.14	\$177.27	\$172.71	\$155.61	\$76.00	\$124.45	\$154.47	\$138.70	\$221.73	\$222.30
74	\$119.68	\$184.26	\$179.52	\$161.75	\$79.00	\$129.36	\$160.56	\$144.17	\$230.48	\$231.07
75	\$124.23	\$191.26	\$186.34	\$167.89	\$82.00	\$134.27	\$166.66	\$149.65	\$239.23	\$239.85
76	\$128.77	\$198.26	\$193.16	\$174.03	\$85.00	\$139.18	\$172.76	\$155.12	\$247.98	\$248.62
77	\$133.32	\$205.26	\$199.98	\$180.18	\$88.00	\$144.10	\$178.86	\$160.60	\$256.74	\$257.40
78	\$137.86	\$212.25	\$206.79	\$186.32	\$91.00	\$149.01	\$184.95	\$166.07	\$265.49	\$266.17
79	\$142.41	\$219.25	\$213.61	\$192.46	\$94.00	\$153.92	\$191.05	\$171.55	\$274.24	\$274.95
80	\$146.95	\$226.25	\$220.43	\$198.60	\$97.00	\$158.83	\$197.15	\$177.02	\$282.99	\$283.72
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
81+	\$151.50	\$233.25	\$227.25	\$204.75	\$100.00	\$163.75	\$203.25	\$182.50	\$291.75	\$292.50
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.										
65+	\$227.25	\$349.87	\$418.14	\$389.02	\$150.00	\$245.62	\$386.17	\$365.00	\$437.62	\$438.75

Cover Page - Rates

Female Non-Tobacco Monthly Plan Rates for Louisiana - Area 2 AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
75+	\$166.65	\$256.57	\$249.97	\$225.22	\$110.00	\$180.12	\$223.57	\$200.75	\$320.92	\$321.75
Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.										
75+	\$227.25	\$349.87	\$418.14	\$389.02	\$150.00	\$245.62	\$386.17	\$365.00	\$437.62	\$438.75

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates
Female Tobacco Monthly Plan Rates for Louisiana - Area 2
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$101.65	\$156.50	\$152.48	\$137.38	\$67.10	\$109.87	\$136.37	\$122.45	\$195.76	\$196.26
66	\$101.65	\$156.50	\$152.48	\$137.38	\$67.10	\$109.87	\$136.37	\$122.45	\$195.76	\$196.26
67	\$101.65	\$156.50	\$152.48	\$137.38	\$67.10	\$109.87	\$136.37	\$122.45	\$195.76	\$196.26
68	\$101.65	\$156.50	\$152.48	\$137.38	\$67.10	\$109.87	\$136.37	\$122.45	\$195.76	\$196.26
69	\$106.65	\$164.20	\$159.98	\$144.14	\$70.40	\$115.27	\$143.08	\$128.48	\$205.38	\$205.92
70	\$111.65	\$171.90	\$167.47	\$150.89	\$73.70	\$120.68	\$149.79	\$134.50	\$215.01	\$215.57
71	\$116.65	\$179.59	\$174.97	\$157.65	\$77.00	\$126.08	\$156.49	\$140.52	\$224.64	\$225.22
72	\$121.65	\$187.29	\$182.47	\$164.41	\$80.30	\$131.48	\$163.20	\$146.54	\$234.27	\$234.87
73	\$126.65	\$194.99	\$189.97	\$171.16	\$83.60	\$136.89	\$169.91	\$152.57	\$243.89	\$244.53
74	\$131.65	\$202.69	\$197.47	\$177.92	\$86.90	\$142.29	\$176.62	\$158.59	\$253.52	\$254.18
75	\$136.65	\$210.38	\$204.97	\$184.68	\$90.20	\$147.69	\$183.32	\$164.61	\$263.15	\$263.83
76	\$141.65	\$218.08	\$212.47	\$191.43	\$93.50	\$153.10	\$190.03	\$170.63	\$272.78	\$273.48
77	\$146.65	\$225.78	\$219.97	\$198.19	\$96.80	\$158.50	\$196.74	\$176.66	\$282.40	\$283.14
78	\$151.65	\$233.47	\$227.47	\$204.95	\$100.10	\$163.90	\$203.44	\$182.68	\$292.03	\$292.79
79	\$156.65	\$241.17	\$234.97	\$211.70	\$103.40	\$169.31	\$210.15	\$188.70	\$301.66	\$302.44
80	\$161.65	\$248.87	\$242.47	\$218.46	\$106.70	\$174.71	\$216.86	\$194.72	\$311.29	\$312.09
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
81+	\$166.65	\$256.57	\$249.97	\$225.22	\$110.00	\$180.12	\$223.57	\$200.75	\$320.92	\$321.75
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.										
65+	\$249.97	\$384.85	\$459.94	\$427.91	\$165.00	\$270.18	\$424.78	\$401.50	\$481.38	\$482.62

Cover Page - Rates
Female Tobacco Monthly Plan Rates for Louisiana - Area 2
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
	Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
75+	\$183.31	\$282.22	\$274.96	\$247.74	\$121.00	\$198.13	\$245.92	\$220.82	\$353.01	\$353.92
	Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
75+	\$249.97	\$384.85	\$459.94	\$427.91	\$165.00	\$270.18	\$424.78	\$401.50	\$481.38	\$482.62

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates
Male Non-Tobacco Monthly Plan Rates for Louisiana - Area 2
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$104.31	\$160.58	\$156.31	\$140.75	\$68.93	\$112.69	\$139.84	\$125.66	\$200.84	\$201.30
66	\$104.31	\$160.58	\$156.31	\$140.75	\$68.93	\$112.69	\$139.84	\$125.66	\$200.84	\$201.30
67	\$104.31	\$160.58	\$156.31	\$140.75	\$68.93	\$112.69	\$139.84	\$125.66	\$200.84	\$201.30
68	\$104.31	\$160.58	\$156.31	\$140.75	\$68.93	\$112.69	\$139.84	\$125.66	\$200.84	\$201.30
69	\$109.44	\$168.48	\$164.00	\$147.68	\$72.32	\$118.24	\$146.72	\$131.84	\$210.72	\$211.20
70	\$114.57	\$176.37	\$171.68	\$154.60	\$75.71	\$123.78	\$153.59	\$138.02	\$220.59	\$221.10
71	\$119.70	\$184.27	\$179.37	\$161.52	\$79.10	\$129.32	\$160.47	\$144.20	\$230.47	\$231.00
72	\$124.83	\$192.17	\$187.06	\$168.44	\$82.49	\$134.86	\$167.35	\$150.38	\$240.35	\$240.90
73	\$129.96	\$200.07	\$194.75	\$175.37	\$85.88	\$140.41	\$174.23	\$156.56	\$250.23	\$250.80
74	\$135.09	\$207.96	\$202.43	\$182.29	\$89.27	\$145.95	\$181.10	\$162.74	\$260.10	\$260.70
75	\$140.22	\$215.86	\$210.12	\$189.21	\$92.66	\$151.49	\$187.98	\$168.92	\$269.98	\$270.60
76	\$145.35	\$223.76	\$217.81	\$196.13	\$96.05	\$157.03	\$194.86	\$175.10	\$279.86	\$280.50
77	\$150.48	\$231.66	\$225.50	\$203.06	\$99.44	\$162.58	\$201.74	\$181.28	\$289.74	\$290.40
78	\$155.61	\$239.55	\$233.18	\$209.98	\$102.83	\$168.12	\$208.61	\$187.46	\$299.61	\$300.30
79	\$160.74	\$247.45	\$240.87	\$216.90	\$106.22	\$173.66	\$215.49	\$193.64	\$309.49	\$310.20
80	\$165.87	\$255.35	\$248.56	\$223.82	\$109.61	\$179.20	\$222.37	\$199.82	\$319.37	\$320.10
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
81+	\$171.00	\$263.25	\$256.25	\$230.75	\$113.00	\$184.75	\$229.25	\$206.00	\$329.25	\$330.00
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.										
65+	\$256.50	\$394.87	\$471.50	\$438.42	\$169.50	\$277.12	\$435.57	\$412.00	\$493.87	\$495.00

Cover Page - Rates

Male Non-Tobacco Monthly Plan Rates for Louisiana - Area 2 AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
	Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
75+	\$188.10	\$289.57	\$281.87	\$253.82	\$124.30	\$203.22	\$252.17	\$226.60	\$362.17	\$363.00
	Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
75+	\$256.50	\$394.87	\$471.50	\$438.42	\$169.50	\$277.12	\$435.57	\$412.00	\$493.87	\$495.00

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates

Male Tobacco Monthly Plan Rates for Louisiana - Area 2

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1	Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.									
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$114.74	\$176.63	\$171.94	\$154.83	\$75.82	\$123.96	\$153.82	\$138.22	\$220.92	\$221.43
66	\$114.74	\$176.63	\$171.94	\$154.83	\$75.82	\$123.96	\$153.82	\$138.22	\$220.92	\$221.43
67	\$114.74	\$176.63	\$171.94	\$154.83	\$75.82	\$123.96	\$153.82	\$138.22	\$220.92	\$221.43
68	\$114.74	\$176.63	\$171.94	\$154.83	\$75.82	\$123.96	\$153.82	\$138.22	\$220.92	\$221.43
69	\$120.38	\$185.32	\$180.39	\$162.44	\$79.55	\$130.06	\$161.38	\$145.02	\$231.78	\$232.32
70	\$126.02	\$194.01	\$188.85	\$170.05	\$83.28	\$136.15	\$168.95	\$151.82	\$242.65	\$243.21
71	\$131.67	\$202.69	\$197.30	\$177.67	\$87.01	\$142.25	\$176.51	\$158.62	\$253.51	\$254.10
72	\$137.31	\$211.38	\$205.76	\$185.28	\$90.73	\$148.35	\$184.08	\$165.41	\$264.38	\$264.99
73	\$142.95	\$220.07	\$214.22	\$192.90	\$94.46	\$154.44	\$191.64	\$172.21	\$275.24	\$275.88
74	\$148.59	\$228.76	\$222.67	\$200.51	\$98.19	\$160.54	\$199.21	\$179.01	\$286.11	\$286.77
75	\$154.24	\$237.44	\$231.13	\$208.13	\$101.92	\$166.64	\$206.77	\$185.81	\$296.97	\$297.66
76	\$159.88	\$246.13	\$239.58	\$215.74	\$105.65	\$172.73	\$214.34	\$192.61	\$307.84	\$308.55
77	\$165.52	\$254.82	\$248.04	\$223.36	\$109.38	\$178.83	\$221.90	\$199.40	\$318.70	\$319.44
78	\$171.17	\$263.50	\$256.50	\$230.97	\$113.11	\$184.93	\$229.47	\$206.20	\$329.57	\$330.33
79	\$176.81	\$272.19	\$264.95	\$238.59	\$116.84	\$191.02	\$237.03	\$213.00	\$340.43	\$341.22
80	\$182.45	\$280.88	\$273.41	\$246.20	\$120.57	\$197.12	\$244.60	\$219.80	\$351.30	\$352.11
Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
81+	\$188.10	\$289.57	\$281.87	\$253.82	\$124.30	\$203.22	\$252.17	\$226.60	\$362.17	\$363.00
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.										
65+	\$282.15	\$434.35	\$518.64	\$482.25	\$186.45	\$304.83	\$479.12	\$453.20	\$543.25	\$544.50

Cover Page - Rates

Male Tobacco Monthly Plan Rates for Louisiana - Area 2

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
	Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
75+	\$206.91	\$318.52	\$310.05	\$279.20	\$136.73	\$223.54	\$277.38	\$249.26	\$398.38	\$399.30
	Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
75+	\$282.15	\$434.35	\$518.64	\$482.25	\$186.45	\$304.83	\$479.12	\$453.20	\$543.25	\$544.50

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates

Under 65 Monthly Plan Rates for Louisiana - Area 2

AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 3		Applies to individuals age 50-64 who are eligible for Medicare.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
	Female Non-Tobacco Rates									
50-64	\$298.50	\$457.25	\$536.25	\$471.00	\$203.00	\$330.75	\$410.50	\$419.75	\$571.75	\$573.25
	Female Tobacco Rates									
50-64	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Male Non-Tobacco Rates									
50-64	\$336.75	\$516.00	\$604.75	\$530.75	\$229.50	\$373.25	\$463.00	\$473.75	\$645.25	\$646.75
	Male Tobacco Rates									
50-64	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

1 Your age as of your plan effective date.

2 The **Enrollment Discount** is available to applicants age 65 to 80. You may qualify for an Enrollment Discount based on your age and your Medicare Part B effective date. If you are eligible, the discounted rates will be shown.

Who is eligible

You are eligible for the enrollment discount if you are between the ages of 65 and 80 and your plan effective date is within ten years following your 65th birthday or Medicare Part B effective date, if later, and you do not have any medical conditions on the application that would qualify you for the Level 2 rate.

The Level 2 rates do not apply to individuals who meet Medigap Open Enrollment or Guaranteed Issue.

How it works

The Enrollment Discount is applied to the current Standard Rate. The Standard Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. After age 68, the discount percentage reduces 3% each year on the anniversary date of your plan until the discount runs out.

3 Refer to the application.

4 **IMPORTANT:** Plans C and F are only available to eligible Applicants (a) with a 65th birthday prior to 1/1/2020 or (b) with a Medicare Part A effective date prior to 1/1/2020.

5 You must use a network hospital with Select Plans G and N.

LOUISIANA Area 2 ZIP Codes

The ZIP Codes Below Apply to Rates Included on the Page Headed "Cover Page – Rates"

70301	70505	70554	70634	70749	70823	71038	71111	71220	71281	71356	71432
70302	70506	70555	70637	70750	70825	71039	71112	71221	71282	71357	71433
70310	70507	70556	70638	70752	70826	71040	71113	71222	71284	71358	71434
70339	70508	70558	70639	70753	70827	71043	71115	71223	71286	71359	71435
70340	70509	70559	70640	70755	70831	71044	71118	71225	71291	71360	71438
70341	70510	70560	70643	70756	70835	71045	71119	71226	71292	71361	71439
70342	70511	70562	70644	70759	70836	71046	71120	71227	71294	71362	71440
70343	70512	70563	70645	70760	70837	71047	71129	71229	71295	71363	71441
70344	70513	70569	70646	70761	70873	71048	71130	71230	71301	71365	71443
70345	70514	70570	70647	70762	70874	71049	71133	71232	71302	71366	71446
70352	70515	70571	70648	70767	70879	71050	71134	71233	71303	71367	71447
70353	70516	70575	70650	70770	70883	71051	71135	71234	71306	71368	71448
70354	70517	70576	70651	70773	70884	71052	71136	71235	71307	71369	71449
70355	70518	70577	70652	70775	70891	71055	71137	71237	71309	71371	71450
70356	70519	70578	70653	70777	70892	71058	71138	71238	71315	71373	71452
70357	70520	70580	70654	70782	70893	71060	71148	71240	71316	71375	71454
70359	70521	70581	70655	70783	70894	71061	71149	71241	71320	71377	71455
70360	70522	70582	70656	70784	70895	71063	71150	71242	71322	71378	71456
70361	70523	70583	70657	70787	70896	71064	71151	71243	71323	71401	71457
70363	70524	70584	70658	70789	70898	71065	71152	71245	71324	71403	71458
70364	70525	70585	70659	70791	71001	71066	71153	71247	71325	71404	71459
70371	70526	70586	70660	70801	71002	71067	71154	71249	71326	71405	71460
70372	70527	70589	70661	70802	71003	71068	71156	71250	71327	71406	71461
70373	70528	70591	70662	70803	71004	71069	71161	71251	71328	71407	71462
70374	70529	70592	70663	70804	71006	71070	71162	71253	71329	71409	71463
70375	70531	70593	70664	70805	71007	71071	71163	71254	71330	71410	71465
70377	70532	70596	70665	70806	71008	71072	71164	71256	71331	71411	71466
70380	70533	70598	70668	70807	71009	71073	71165	71259	71333	71414	71467
70381	70534	70601	70669	70808	71016	71075	71166	71260	71334	71415	71468
70390	70535	70602	70704	70809	71018	71078	71171	71261	71336	71416	71469
70391	70537	70605	70710	70810	71019	71079	71172	71263	71339	71417	71471
70392	70538	70606	70712	70811	71021	71080	71201	71264	71340	71418	71472
70393	70540	70607	70714	70812	71023	71082	71202	71266	71341	71419	71473
70394	70541	70609	70715	70813	71024	71101	71203	71268	71342	71422	71474
70395	70542	70611	70719	70814	71027	71102	71207	71269	71343	71423	71475
70397	70543	70612	70722	70815	71028	71103	71209	71270	71345	71424	71477
70441	70544	70615	70729	70816	71029	71104	71210	71272	71346	71425	71479
70443	70546	70616	70730	70817	71030	71105	71211	71273	71348	71426	71480
70453	70548	70629	70732	70818	71031	71106	71212	71275	71350	71427	71483
70501	70549	70630	70736	70819	71032	71107	71213	71276	71351	71428	71485
70502	70550	70631	70739	70820	71033	71108	71217	71277	71353	71429	71486
70503	70551	70632	70747	70821	71034	71109	71218	71279	71354	71430	71496
70504	70552	70633	70748	70822	71037	71110	71219	71280	71355	71431	71497

Plan Benefit Tables: Plan A

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan A Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$0	\$1,632 (Part A deductible)
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$204 per day	\$0	Up to \$204 per day
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

Continued on next page 

Notes

1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan Benefit Tables: Plan A (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan A Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Parts A and B

Service		Medicare Pays	Plan A Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0

Notes

³ Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan B

Medicare Part A: Hospital Services per Benefit Period ¹				
Service		Medicare Pays	Plan B pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$204 per day	\$0	Up to \$204 per day
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

Continued on next page 

Notes

1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan Benefit Tables: Plan B (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan B pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Parts A and B

Service		Medicare Pays	Plan B Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0


Notes

³ Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan C

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan C Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$204 per day	Up to \$204 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

Continued on next page 

Notes

1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan Benefit Tables: Plan C (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan C Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$240 of Medicare-approved amounts ³	\$0	\$240 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$240 of Medicare-approved amounts ³	\$0	\$240 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Parts A and B

Service		Medicare Pays	Plan C Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$240 of Medicare-approved amounts ³	\$0	\$240 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0

Other Benefits not covered by Medicare

Service		Medicare Pays	Plan C Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First \$250 of each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum


Notes

³ Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan F

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan F Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$204 per day	Up to \$204 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

Continued on next page 

Notes

1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan Benefit Tables: Plan F (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan F Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$240 of Medicare-approved amounts ³	\$0	\$240 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	100%	\$0
Blood	First 3 pints	\$0	All costs	\$0
	Next \$240 of Medicare-approved amounts ³	\$0	\$240 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Parts A and B

Service		Medicare Pays	Plan F Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$240 of Medicare-approved amounts ³	\$0	\$240 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0

Other Benefits not covered by Medicare

Service		Medicare Pays	Plan F Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First \$250 of each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum


Notes

³ Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan G

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan G Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$204 per day	Up to \$204 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

Continued on next page 

Notes

1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan Benefit Tables: Plan G (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		Medicare Pays	Plan G Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	100%	\$0
Blood	First 3 pints	\$0	All costs	\$0
	Next \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan G Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits not covered by Medicare				
Service		Medicare Pays	Plan G Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First \$250 of each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Notes

³ Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Medicare Select - Plan G

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Medicare Select Plan G Pays	You Pay
Hospitalization¹ in a Participating Hospital² Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ³
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$204 per day	Up to \$204 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

Continued on next page 

Notes

1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 You must use a network hospital.

3 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan Benefit Tables: Medicare Select - Plan G (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Medicare Select Plan G Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$240 of Medicare-approved amounts ⁴	\$0	\$0	\$240 <small>(Unless Part B deductible has been met)</small>
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	100%	\$0
Blood	First 3 pints	\$0	All costs	\$0
	Next \$240 of Medicare-approved amounts ⁴	\$0	\$0	\$240 <small>(Unless Part B deductible has been met)</small>
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Parts A and B

Service		Medicare Pays	Medicare Select Plan G Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$240 of Medicare-approved amounts ⁴	\$0	\$0	\$240 <small>(Unless Part B deductible has been met)</small>
	Remainder of Medicare-approved amounts	80%	20%	\$0

Continued on next page

Notes

4 Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Medicare Select - Plan G (continued)

Other Benefits not covered by Medicare

Service		Medicare Pays	Medicare Select Plan G Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First \$250 of each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Plan Benefit Tables: Plan K

Medicare Part A: Hospital Services per Benefit Period ¹				
Service		Medicare Pays	Plan K Pays	You Pay ³
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$816 (50% of Part A deductible)	\$816 (50% of Part A deductible)◆
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$204 per day	Up to \$102 per day	Up to \$102 per day◆
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	50%	50%◆
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	50% of co-payment/ co-insurance	50% of Medicare co-payment/ co-insurance◆

Continued on next page ►

Notes


1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

3 You will pay half of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$7060 each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in the chart above. Once you reach the annual limit, the plan pays 100% of the Medicare co-payment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

Plan Benefit Tables: Plan K (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		Medicare Pays	Plan K pays	You Pay ⁴
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$240 of Medicare-approved amounts ⁵	\$0	\$0	\$240 (Part B deductible) ⁵ ♦
	Preventive Benefits for Medicare covered services	Generally 75% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
	Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10% ♦
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$7060) ⁴
Blood	First 3 pints	\$0	50%	50% ♦
	Next \$240 of Medicare-approved amounts ⁵	\$0	\$0	\$240 (Part B deductible) ⁵ ♦
	Remainder of Medicare-approved amounts	80%	Generally 10%	Generally 10% ♦
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan K Pays	You Pay ⁴
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0

Continued on next page 

Notes

4 This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$7060 per calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare Approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

5 Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan K (continued)

Parts A and B				
Service		Medicare Pays	Plan K Pays	You Pay ⁴
Durable medical equipment Medicare-approved services	First \$240 of Medicare-approved amounts ⁶	\$0	\$0	\$240 (Part B deductible)◆
	Remainder of Medicare-approved amounts	80%	10%	10%◆

Notes

4 This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$7060 per calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare Approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

6 Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

Plan Benefit Tables: Plan L

Medicare Part A: Hospital Services per Benefit Period ¹				
Service		Medicare Pays	Plan L Pays	You Pay ³
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,224 (75% of Part A deductible)	\$408 (25% of Part A deductible)◆
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$204 per day	Up to \$153 per day	Up to \$51 per day◆
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	75%	25%◆
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	75% of co-payment/ co-insurance	25% of Medicare co-payment/ co-insurance◆

Continued on next page ►

Notes


1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

3 You will pay half of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$3530 each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in the chart above. Once you reach the annual limit, the plan pays 100% of the Medicare co-payment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

Plan Benefit Tables: Plan L (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		Medicare Pays	Plan L Pays	You Pay ⁴
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$240 of Medicare-approved amounts ⁵	\$0	\$0	\$240 (Part B deductible) ⁵ ♦
	Preventive Benefits for Medicare covered services	Generally 75% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
	Remainder of Medicare-approved amounts	Generally 80%	Generally 15%	Generally 5% ♦
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$3530) ⁴
Blood	First 3 pints	\$0	75%	25% ♦
	Next \$240 of Medicare-approved amounts ⁵	\$0	\$0	\$240 (Part B deductible) ⁵ ♦
	Remainder of Medicare-approved amounts	80%	Generally 15%	Generally 5% ♦
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan L Pays	You Pay ⁴
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0

Continued on next page 

Notes

4 This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$3530 per calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare Approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

5 Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan L (continued)

Parts A and B				
Service		Medicare Pays	Plan L Pays	You Pay ⁴
Durable medical equipment Medicare-approved services	First \$240 of Medicare-approved amounts ⁶	\$0	\$0	\$240 (Part B deductible)♦
	Remainder of Medicare-approved amounts	80%	15%	5%♦

Notes


4 This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$3530 per calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare Approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

6 Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

Plan Benefit Tables: Plan N

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan N Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$204 per day	Up to \$204 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

Continued on next page 

Notes

1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan Benefit Tables: Plan N (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		Medicare Pays	Plan N Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan N Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0

Continued on next page ►

Notes

3 Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan N (continued)

Parts A and B, continued				
Service		Medicare Pays	Plan N Pays	You Pay
Durable medical equipment Medicare-approved services	First \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits not covered by Medicare				
Foreign Travel NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First \$250 of each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum


Notes

3 Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Medicare Select - Plan N

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Medicare Select Plan N Pays	You Pay
Hospitalization¹ in a Participating Hospital² Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ³
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$204 per day	Up to \$204 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

Continued on next page 

Notes

1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.


2 You must use a network hospital.

3 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan Benefit Tables: Medicare Select - Plan N (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Medicare Select Plan N Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$240 of Medicare-approved amounts ⁴	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$240 of Medicare-approved amounts ⁴	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Continued on next page 

Notes

4 Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Medicare Select - Plan N (continued)

Parts A and B

Service		Medicare Pays	Medicare Select Plan N Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$240 of Medicare-approved amounts ⁴	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0

Other Benefits not covered by Medicare

Foreign Travel NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First \$250 of each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Notes

4 Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Your Guide To AARP Medicare Supplement and Medicare Select Insurance Plans.

To help you choose the AARP Medicare Supplement or Medicare Select Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare), to best meet your needs and budget, be sure to look at the information shown in this Guide and the other documents that show the expenses that Medicare pays, the benefits each Plan pays and the costs you will have to pay yourself. Also, be sure to review the Monthly Premium information. **Benefits and cost vary depending upon the Plan selected.**

Eligibility to Apply

To be eligible to apply, you must be an AARP member or spouse of a member, age 50 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage. (If you are age 50-64 and eligible for Medicare by reason of disability or End-Stage Renal Disease, you are only eligible if you enrolled in Medicare Part B within the last 6 months, unless you are entitled to guaranteed issue of a Medicare supplement plan as shown under the following "Guaranteed Acceptance" section.)

Guaranteed Acceptance

- Your acceptance in any plan for which you're eligible to enroll is guaranteed during your **Medicare Supplement Open Enrollment Period** which lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.
- **There is also an annual 63-day Birthday Enrollment period** that begins on your birthday and you are replacing an AARP Medicare Supplement Plan (including AARP Medicare Select) and your Application Form is received during the 30 days prior to and no later than 62 days after your birth date.
 - If you **enrolled in Medicare Part A before 1/1/2020** and the previous Plan you had was an AARP Medicare Supplement Plan or an AARP Medicare Select Plan, you may apply for AARP Medicare Supplement Plan A, B, C, F, G, K, L, N or, if available in your area, AARP Medicare Select Plan G or AARP Medicare Select Plan N that has equal or lesser benefits than your current Plan without having to answer health questions. If you choose to apply for a Plan that has more benefits than your previous Plan, you may have to answer health questions.
 - If you **enrolled in Medicare Part A on or after 1/1/2020** and the previous Plan you had was an AARP Medicare Supplement Plan or AARP Medicare Select Plan, you may apply for AARP Medicare Supplement Plan A, B, G, K, L, N or, if available in your area, AARP Medicare Select Plan G or AARP Medicare Select Plan N that has equal or lesser benefits than your current Plan without having to answer health questions. If you choose to apply for a Plan that has more benefits than your previous Plan, you may have to answer health questions.
- Also, you may have a guaranteed issue right to enroll in a Medicare supplement plan in certain situations. Some examples:
 - you have a specific type of health insurance coverage that changes in some way, such as a loss of the coverage, or
 - you enrolled with a "trial right" to try a Medicare Advantage Plan but change your mind and want to switch back to a Medicare supplement plan during the trial period.

If you received a notice from your employer or prior insurer saying you are eligible for guaranteed issue of a Medicare supplement plan, you may be guaranteed acceptance into one or more AARP Medicare Supplement Plans. **If you have a guaranteed issue right, you must provide a copy of the notice, disenrollment letter or other documentation you received AND your Application Form must be received no more than 63 days after the termination date of your prior coverage. The documentation should include the type of coverage being lost, the termination reason, the termination date and the name of the person(s) who lost or is losing coverage.**

If you have questions about guaranteed issue rights, please see *The Guide to Health Insurance for People with Medicare*, which can be found at www.Medicare.gov/publications. You may also want to contact the administrator of your prior health insurance plan or your local state department on aging.

Additional Information

Exclusions

- Benefits provided under Medicare.
- Care not meeting Medicare's standards.
- Injury or sickness payable by Workers' Compensation or similar laws.

Continued...

- Stays or treatment provided by a government-owned or -operated hospital or facility unless payment of charges is required by law.
- Stays, care, or visits for which no charge would be made to you in the absence of insurance.
- For AARP Medicare Select Plans – Care or services provided by a non-participating hospital, except in the event of a medical emergency, or if the services are not available from any participating hospital in the service area.
- Any stay which begins, or medical expenses you incur, during the first 3 months after your effective date will not be considered if due to a pre-existing condition. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 3 months prior to your plan's effective date.

The following individuals are entitled to a waiver of this pre-existing condition exclusion:

1. Individuals who are replacing prior creditable coverage within 63 days after termination; or
2. Individuals who are turning age 65 and whose application form is received within six (6) months after they turn 65 AND are enrolled in Medicare Part B; or
3. Individuals who are entitled to Guaranteed Issue; or
4. Individuals who have been covered under other health insurance coverage within the last 63 days and have enrolled in Medicare Part B within the last 6 months.

Other exclusions may apply; however, in no event will your plan contain coverage limitations or exclusions for the Medicare Eligible Expenses that are more restrictive than those of Medicare. Benefits and exclusions paid by your plan will automatically change when Medicare's requirements change.

Medicare Select Disclosure Statement – If You Are Applying for an AARP Medicare Select Plan

Please read this information carefully. The following information is provided in order to make a full and fair disclosure to you of the provisions, restrictions, and limitations of the AARP Medicare Select Plan.

Medicare Select Provider Restrictions

In order for benefits to be payable under this insurance plan, you must use one of the select hospitals located throughout the United States, unless:

(1) there is a Medical Emergency; (2) covered services are not available from any select hospital in the Service Area; or (3) covered services are received from a Medicare-approved non-select hospital more than 100 miles from your Primary Residence.

In the case of (3) above, the following benefits may be payable subject to the terms and conditions of this plan:

- 75% of the Part A Medicare Inpatient Hospital Deductible amount per Benefit Period; and
- 75% of the Part A Medicare Eligible Expenses not paid by Medicare.

Only certain hospitals are network providers under this policy. Check with your physician to determine if he or she has admitting privileges at the Network Hospital. If he or she does not, you may be required to use another physician at the time of hospitalization or you will be required to pay for all expenses.

Right to Replace Your Medicare Select Plan

You have the right to replace your AARP Medicare Select Plan with any other AARP Medicare Supplement Plan, insured by UnitedHealthcare, that has the same or lesser benefits as your current insurance and which does not require the use of participating providers, without providing evidence of insurability.

Quality Assurance

Participating providers are required to maintain a quality assurance program conforming with nationally recognized quality of care standards.

For Your Protection, Please Be Aware of the Following:

You Cannot Be Singled Out for Cancellation

Your AARP Medicare Supplement or Medicare Select Plan cannot be canceled because of your age, your health, or the number of claims you make. Your AARP Medicare Supplement or Medicare Select Plan may be canceled due to nonpayment of premium or

material misrepresentation. If your group policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your AARP Medicare Supplement or Medicare Select Plan to an individual Medicare supplement policy issued by UnitedHealthcare. Of course, you may cancel your AARP Medicare Supplement or Medicare Select Plan any time you wish. All transactions go into effect on the first of the month following receipt of the request.

The AARP Insurance Trust

AARP established the AARP Insurance Plan, a trust, to hold the master group insurance policies. The AARP Medicare Supplement and Medicare Select Plans are insured by UnitedHealthcare, not by AARP or its affiliates. Please contact UnitedHealthcare if you have questions about your policy, including any limitations and exclusions.

Premiums are collected from you by the Trust. These premiums are paid to the insurance company for your insurance coverage, a percentage is used to pay expenses, benefitting the insureds, and incurred by the Trust in connection with the insurance programs. At the direction of UnitedHealthcare, a portion of the premium is paid as a royalty to AARP and used for the general purposes of AARP. Income earned from the investment of premiums while on deposit with the Trust is paid to AARP and used for the general purposes of AARP.

Participants are issued certificates of insurance by UnitedHealthcare under the master group insurance policy. The benefits of participating in an insurance program carrying the AARP name are solely the right to receive the insurance coverage and ancillary services provided by the program.

General Information

By enrolling, you are agreeing to the release of Medicare claim information to UnitedHealthcare so your AARP Medicare Supplement or Medicare Select Plan claims may be processed automatically.

AARP and its affiliates are not insurers. AARP does not employ or endorse agents, brokers or producers.

You must be an AARP member to enroll in an AARP Medicare Supplement or Medicare Select Plan.

The Policy Form No. GRP79171 GPS-1 (G-36000-4) is issued in the District of Columbia to the Trustees of the AARP Insurance Plan.

AARP Medicare Supplement and Medicare Select Plans have been developed in line with federal standards. **However, these plans are not connected with, or endorsed by, the U.S. Government or the federal Medicare program.**

This is a solicitation of insurance. An agent may contact you.

These materials describe the AARP Medicare Supplement and Medicare Select Plans available in your state, but is not a contract, policy, or insurance certificate. Please read your Certificate of Insurance, upon receipt, for plan benefits, definitions, exclusions, and limitations.